

# Introductory Training for First Steps Providers

## Track II - Central Billing and Information System (CBIS) Overview

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Through this web-based training track, you will receive a basic overview of the first Steps Central Billing & Information System , including the role that CBIS plays in:

- ⌘ Coordinating the different funding streams that support First Steps and maximizing financial resources
- ⌘ Providing important management information for First Steps administration, financial management, and program evaluation
- ⌘ Generating reports to First Steps Primary Service Coordinators and families
- ⌘ Authorizing payments to providers based on the Individualized Family Service Plan (IFSP) and Summary Sheets

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CBIS is the acronym for Central Billing and Information System. It is the billing and information system for First Steps. DPH contracts with University of Louisville (U of L) for CBIS.

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First Steps is funded through a combination of:

- ⌘ State General Funds
- ⌘ Federal IDEA, Part C
- ⌘ State Tobacco Settlement monies
- ⌘ Medicaid
- ⌘ Other 3rd party payors
- ⌘ Family share contributions

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CBIS coordinates, and in turn, maximizes these funding streams. It also provides critical financial and other program data to satisfy state and federal requirements.

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## INFORMATION

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## INFORMATION

CBIS is the billing agent responsible for ensuring that provider payments are made only for services authorized on the Individual Family Service Plan (IFSP).

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## INFORMATION

CBIS is also required to convert large amounts of **data** into useful **information** about the program's overall utilization and effectiveness. In order to do this CBIS must collect and maintain data relevant to the First Steps program.

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## INFORMATION

All service, demographic, and eligibility data is submitted to CBIS through the summary reports. Collecting accurate timely data and the reliability of reports depends upon the accuracy of the data YOU and the Service Coordinator submit.

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## INFORMATION

Data collection begins when the Point of Entry, **POE**, enters the child into the Child Data Book and assigns a unique **CBIS child identifying number**. All summary reports documenting eligibility, demographics, or services require you to use this identifier.

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## INFORMATION

The Child ID is a 9-digit number. The first two digits identify the POE, the next two identify the year the child entered the system, and the last five numbers are a unique number assigned sequentially.

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## INFORMATION

Medicaid ID numbers are also maintained for purposes of seeking Medicaid reimbursement for children who are enrolled in Medicaid/KCHIP.

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## INFORMATION

Forms used to collect and report data include:

- ⌘ POE New **Referral Form**
- ⌘ **Demographic**  
Changes/POE Home Visit Form
- ⌘ POE **Update** Form
- ⌘ IFSP **Meeting** Form
- ⌘ IFSP Meeting Summary Sheet **Services** Form
- ⌘ IFSP Summary Sheet **Amendment/Correction** /Update Form
- ⌘ **Discharge Summary** Form

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## INFORMATION

Information from the Summary Sheets is also used to prepare reports, monitor operations, inform families, and aid service coordinators.

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## INFORMATION

**Families rely on you to ensure that the data you submit to CBIS is accurate and timely.**

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## INFORMATION

CBIS represents a partnership among families, First Steps providers, the various funding sources, including 3rd party payors, U of L and the DPH. Inaccurate and/or untimely data submitted to CBIS impacts not only your ability to get paid, but also can delay service delivery, and reduce the amount of funds available to support First Steps.

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## INFORMATION

CBIS generates reports required by both federal and state authorities e.g.

- ⌘ Service & payment reports for Primary Service Coordinators, (PSC)
- ⌘ Service & payment reports for families,
- ⌘ Reminders of IFSP review dates,
- ⌘ Office of Special Education Programs (OSEP) Reports,
- ⌘ Child Count,
- ⌘ Other operational and financial reports.

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## INFORMATION

### **Service & payment reports for Primary Service Coordinators, (PSC)**

Each quarter the PSC receives a listing of payments made for services rendered to their children.

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## INFORMATION

### **Service & payment reports for families**

Twice a year each family receives a listing of all CBIS payments made for services rendered to their child. This provides families with the total value of services received and also provides them with an opportunity to verify that they are receiving the services for which CBIS has been billed.

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## INFORMATION

### **Reminders of IFSP review dates**

To help the PSC to meet federal requirements for timely IFSP completion, CBIS sends the PSC a notice 60 days before the IFSP expires.

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## INFORMATION

While CBIS is a statewide electronic database, it does not replace the clinical files that you are required to maintain and which may include:

- ⌘ individual assessment protocols,
- ⌘ reports,
- ⌘ service documentation,
- ⌘ correspondence,
- ⌘ releases, etc.

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## BILLING

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## BILLING

The Individualized Family Service Plan (IFSP) serves as the authorizing document for all early intervention services. Through an IFSP Meeting Summary Sheet **Services Form** certain data from the IFSP is electronically stored at CBIS.

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## BILLING

Data from the IFSP provides identifying information for the child and family, services authorized by the IFSP team, and funding sources for which the child and family are eligible. If CBIS receives billings before this form has been submitted by either the POE or PSC payment will be denied.

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## BILLING

The IFSP Meeting Summary Sheet **Services** Form ensures a consistent format for CBIS input and that all necessary authorization and funding support information are available. This Services Form is prepared as a summary for the total IFSP and should be kept with the more detailed plan information. Only a copy of the Services Form is sent to CBIS.

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## BILLING

**Remember that you will only be paid for services authorized on the IFSP Meeting Summary Sheet Services Form.** Services may be added or deleted using the Amendment Form.

**If billings for services are received before the Amendment Form has been submitted by the PSC payment will be denied.**

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## BILLING

Summary Sheets use the service/discipline terminology as outlined in the state regulations (911 KAR 2:200). This regulation also specifies the basis upon which the service is billed (units/time or event), and the maximum allowable time that a service can be received unless a request is submitted to DPH Record Review for additional units / time.

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## BILLING

911 KAR 2:200 sets the maximum rates for each service/discipline combination. Providers will not be reimbursed for amounts that exceed the authorized rate. Providers also cannot bill First Steps at a higher rate than they charge the general public (usual and customary charge). When the provider's rate is lower than the maximum rate specified in the regulation, the provider will be reimbursed for only the amount billed.

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## BILLING

You may use several different formats to submit your bills to CBIS:

- ⌘ Use the CBIS Billing Form,
- ⌘ Use an Excel spreadsheet,
- ⌘ Use a printout from your computerized database system,
- ⌘ Use a traditional billing form your office uses for standard medical billing, e.g. HCFA 1500.

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## BILLING

Billing may be submitted by:

- ⌘ Regular mail, (CBIS, Urban Studies Institute, 426 W. Bloom St., University of Louisville, Louisville, KY 40292)
- ⌘ Fax, if < 20 pages,
- ⌘ Electronically, by e-mail (Your assigned provider number must be in the "subject" field).

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## BILLING

Regardless of which format you choose to submit your billings you must include all of the following:

- |                                  |  |
|----------------------------------|--|
| ⌘ CBIS Provider #                | ⌘ Number of Units                                  |
| ⌘ Child CBIS ID #                | ⌘ Professional's Name                              |
| ⌘ Child Name                     | ⌘ Date of Service (DOS)                            |
| ⌘ Discipline of Service provided | ⌘ Amount received from 3rd party insurance carrier |
| ⌘ Service                        | ⌘ Total amount for services                        |

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## BILLING

If you decide to use the CBIS Billing form:

- ⌘ Enter your CBIS Provider ID #.
- ⌘ Indicate the date that you are preparing your payment request.
- ⌘ Use the top right box for any internal invoice number you may need for your records.
- ⌘ Enter the child's 9-digit CBIS ID # and name.

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## BILLING

Each subsequent line of the table should be used to request payment for a unique service provided for a KEIS eligible child. If that child has received several services for which you are requesting payment, use a separate line for each service. Also use a separate line for each date of service.

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## BILLING

Enter the code for the discipline and service provided to the child. Record the date that the service was provided and the number of units provided.

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## BILLING

If the child's family has agreed to allow their third party insurance to be billed by the provider, indicate the amount received from a third party insurance.

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## BILLING

In the "Total Invoice Amount" column enter the total amount you are billing for the service, including any amount received from a third party insurance.

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## BILLING

Record the name of the professional who actually provided the service to the child. Any name listed here must have been submitted on your enrollment form and approved by the Provider Relations Branch.

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*WHAT SHOULD I DO IF I DON'T  
GET PAID?!*

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## WHAT SHOULD I DO IF I DON'T GET PAID?!

Review the denial code on the mismatch letter that explains WHY the claim is being denied and compare it to the **Services Form** or the **Amendment Form**.

- ⌘ Is the CBIS child ID # missing or incorrect?
- ⌘ Is any other information missing?
- ⌘ Is the date of service prior to the date authorized on the Services or Amendment Form?
- ⌘ Did the PSC accurately complete the Services or Amendment Form?
- ⌘ Did the PSC sign the Services or Amendment before s/he submitted it to CBIS?

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## SHOULD I RESUBMIT MY BILLING?

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## SHOULD I RESUBMIT MY BILLING?

### Resubmit Your Billing...

- ⌘ If you find an error on your original billing that resulted in a denial,
- ⌘ If you were paid an incorrect amount due to an error on the original billing related to units or invoice amount,
- ⌘ If your billing does not appear on either the mismatch letter or the remittance advice.

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## SHOULD I RESUBMIT MY BILLING?

If you do need to resubmit your billing to correct something, be sure to include all the information required on the CBIS billing form and the event number.

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## DO NOT RESUBMIT YOUR BILLING

⌘ If you have been denied payment, but nothing on the bill is incorrect or missing.

⌘ If you have not been paid after 2 cycles (4 weeks) CBIS should be contacted at

**<http://cbis.louisville.edu>**

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## ACCOUNTING

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## ACCOUNTING

All invoices to be billed to First Steps are to be submitted to CBIS. CBIS then submits a summary of the total payment due each provider for the period to the DPH to process through the statewide accounting system, MARS.

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## ACCOUNTING

MARS accumulates payments data throughout the year. The 1099 tax document you receive each January is based on payments made to you throughout the calendar year. Don't forget to submit a new W-9 (an IRS document) whenever you change your name. It ensures that the correct name is linked to your tax ID number. This will not affect your CBIS provider number.

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## ACCOUNTING

Successful billing depends upon five (5) factors:

- ⌘ Having a current approved contract,
- ⌘ Using the assigned unique CBIS child ID #,
- ⌘ Timely submission of accurate IFSP Services or Amendment Forms,
- ⌘ Accurately completing the CBIS billing form or one of its alternatives, and
- ⌘ Timely submission of the CBIS billing form or one of its alternatives.

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## ACCOUNTING

You will learn more about completing the First Steps Provider Agreement and the related packet in Track III of this web-based training.

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## ACCOUNTING

Clearly the POE/ISC, PSC, and the provider share responsibility for establishing the foundation for successful billing.

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## Assignment

- ⌘ Print and complete mandatory Track II Post Test
- ⌘ You must follow all instructions carefully. Failure to properly follow instructions may result in your contract being denied.

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